(e) what action is proposed to be taken against the delinquent officials involved in the training scheme?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI A. RAJA): (a) and (b) The training course in Medical Laboratory Technology of one year duration is conducted in Safdarjang Hospital. The candidates having minimum qualification of SSC with science or matriculation without science with laboratory experience of two years are eligible. For external candidates advertisement is given in newspapers. No external candidate having qualification of matric with science having less than 60% marks is given admission. The selection of the candidate for admission to the course is done by a duly constituted Committee by the Medical Superintendent of the Safdarjang Hospital. Since this a proficiency certificate course, the recognition of All India Council for Technical Education (AICTE) has not been sought. The approval of AICTE is required for diploma and degree programme.

(c) The course is being conducted since April, 1985 and 417 candidates
have been imparted training since then.

(d) Due to non-availability of Laboratory Assistants and Laboratory Technicians, jn-service training course for students was started from the available manpower for smooth functioning of the hospital having requisite qualification to undertake the training. Subsequently, this course was extended to 10 external candidates in addition to 20 in-service students. The course is being run with the approval of Director General of Health Services.

(e) In view of (d) above, the question does not arise.

Health Services in NER

1327. DR. ARUN KUMAR SARMA: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) the details of facilities available and proposed to he made available to extend assured health services to MPs, Ex-MPs and the Central Government Employees in the North-Eastern Region, including posting of doctors qualified in specialized fields; establishment 3f polyclinics and modem laboratories, with skilled manpower; and

(b) the facilities being extended and the target set for extending facilities to employees working in remote NE States, including authorization of private laboratories/nursing homes, etc.?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI A. RAJA): (a) and (b) MPs, Ex-MPs and Central Government Employees in the North- Eastern Region can avail medical facilities under CGHS Guwahati. However, Central Government Employees not covered under CGHS get automatically covered under CS(MS) Rules, 1944, for availing medical facilities which includes private hospitals recognised under the rules. In addition to this, the CGHS beneficiaries and Central Government Employees covered under CS (MS) Rules, 1944, can avail medical facilities from State Government hospitals of the region. The Prime Minister has announced, as a part of Agenda for the Socio Economic Development of NE States, setting up of a 500 beded super speciality referred Hospital at Shillong.

In addition to this CGHS is likely to set up its dispensary in the next Five Year Plan at Shillong,

Recommendations of WHO for treatment of Tuberculosis

1328. SHRI KHAN GHUFRAN ZAHIDI: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) what are the recommendations of the World Health Organisation for treatment of tuberculosis in India;

(b) whether it is a fact that the treatment guidelines of WHO have been revised in India; and

(c) if so, the details thereof and their present status?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI A. RAJA): (a) WHO has recommended for adoption of Directly Observed Treatment Short Course (DOTS) strategy for treatment of TB. India is implementing the said strategy under the Revised National TB Control Programme. The salient feature of the DOTS strategy are:

1. Political and administrative commitment.
2. Diagnosis, preliminary by microscopy of patients attending health facilities.
3. Regular and uninterrupted supply of good quality anti-TB drugs.
4. Direct observation of treatment by an individual who is accessible and acceptable to the petients and accountable to the health system.
5. Systematic monitoring and accountability.

(b) No, Sir.

(c) Does not arise.